

## Breast and Cervical Cancer Services Policy and Procedure Manual FY2014 Supplement for Eligibility Determination & Assessment of Co-pay/Fees

The following is a supplement to the Breast and Cervical Cancer Services (BCCS) Policy and Procedure Manual for FY2014 Section II, Chapter 1 - Eligibility Determination & Assessment of Co-Pay/Fees and Appendices A1-A4.

The DSHS Funding Source Screening and Eligibility Form (Form # EF05-13229) and the DSHS Funding Source Worksheet (Form # EF05-13227) are replaced with the following:

- DSHS Family & Community Health Services Division INDIVIDUAL Eligibility Form (Form # EF05-14215);
- DSHS Family & Community Health Services Division HOUSEHOLD Eligibility Form (Form # EF05-14214): and
- DSHS Family & Community Health Services Division HOUSEHOLD Eligibility Worksheet (Form # EF05-13227)

The worksheet, Form EF05-13227, is only required to be used with the HOUSEHOLD Eligibility Form (Form EF05-14214). The new INDIVIDUAL Form combines the eligibility form with the worksheet into one form.

## **ADJUNCTIVE ELIGIBILITY**

An applicant is considered adjunctively (automatically) financially eligible for BCCS services at an initial or renewal eligibility screening if she or a member of her household is currently enrolled in at least one of the programs listed below. An applicant must be able to provide proof of active enrollment in the adjunctively eligible program and contractors must verify enrollment. If an applicant's current enrollment status cannot be verified during the eligibility screening process or the applicant will be charged a co-pay for services once enrolled, adjunctive eligibility cannot be granted and the contractor would then proceed with determining eligibility according to the traditional process.

PROGRAM	ACCEPTED DOCUMENTATION
Children's Health Insurance Program (CHIP) Perinatal	CHIP Perinatal benefits card
Medicaid for Pregnant Women	"Your Texas Benefits" card (Medicaid card)*
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	WIC verification of certification letter, printed WIC-approved shopping list or recent WIC purchase receipt with remaining balance
Supplemental Nutrition Assistance Program (SNAP)	SNAP eligibility letter

\*Note: Presentation of the "Your Texas Benefits" card does not completely verify current eligibility in the Medicaid for Pregnant Women program. To verify eligibility, contractors can go to <a href="www.YourTexasBenefitsCard.com">www.YourTexasBenefitsCard.com</a>, call TMHP at 1-800-925-9126, or access TexMedConnect on the TMHP website at <a href="www.tmhp.com">www.tmhp.com</a> to enter or give the applicant's Medicaid ID number (PCN) as listed on the card.

A copy of the accepted documentation must be kept in the client's record and available during QA reviews.